

**CAMPAIGN
EXPENSES**Including
donated
goods/services☐

30 Day Report

☐

7 Day Report

☐

Year End

☐

Municipal

☐

Primary

☐

General

☐

Final



NAME OF CANDIDATE OR GROUP:

| Date | Check # Non-Mon Description | Payee Name, Address, Zip | Purpose of Expenditure | Amount |
|------|-----------------------------------|--------------------------|------------------------|--------|
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Total Expenses: _____

(Include subtotals from any additional expense sheets)